

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

State of Washington – Employment Security Department  
**UNEMPLOYMENT INSURANCE CONTINUED CLAIM FORM**

## SHARED WORK PROGRAM

IF YOUR NAME, ADDRESS OR TELEPHONE NUMBER HAS CHANGED SINCE YOUR LAST CONTACT WITH THE SHARED WORK UNIT, SHOW THE CORRECTION HERE.

**OFFICE USE ONLY**

ADDR CHANGE? \_\_\_ IPR? \_\_\_ OUT-OF-AREA? \_\_\_ LATE? \_\_\_

**IMPORTANT:** If your name, address and/or telephone number is incorrect, please show corrections here.

Name

Address

Address

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. Area Code ( ) \_\_\_\_\_

**ANSWER ALL  
QUESTIONS BELOW**

I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. **THE DATES ARE:**

**FIRST WEEK**
**SECOND WEEK**

	YES	NO	YES	NO
1. Were you physically able and available for work each day? (If "No", complete "A" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you make an active search for work each week as directed? (If you are an active shared work participant, answer "Yes" to this question.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you refuse any offer of work? (If Yes, complete "A" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for or did you receive workers or crime victim's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you applied for or did you have a change in pension? (If Yes, complete "B" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive holiday pay? (If Yes, you must complete section "C" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you receive vacation pay? (If Yes, you must complete section "D" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you receive pay in lieu of notice or termination pay? (If Yes, you must complete section "E" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you work? (If Yes, you must provide hours and earnings in section "F" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A** If you answered "NO" to questions 1, please provide date(s) \_\_\_\_\_, and hours \_\_\_\_\_ for the time you were not available. Was this unpaid time off? yes ☐ no ☐. Please explain why you were not available for regularly scheduled work hours as provided by the shared work employer: \_\_\_\_\_

If you answered yes to question 3, please provide dates \_\_\_\_\_ and hours \_\_\_\_\_. Please give specific details: \_\_\_\_\_

**B** If you answered "YES" to question 5, please provide the following information about your pension.  
 Pension source? \_\_\_\_\_; Is it: ☐ a new pension? or ☐ a change in an existing pension?  
 New or changed monthly amount before deductions is \$ \_\_\_\_\_; Effective date of this new or changed pension is \_\_\_\_\_.

**C** If you answered "YES" to question 6 for holiday pay, provide hours and earnings. (Do not include in section F)  
**1st Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_ 2nd Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

**D** If you answered "YES" to question 7 for vacation pay, provide hours and earnings. (Do not include in section F)  
**1st Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_ 2nd Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

**E** If you answered "YES" to question 8 for, in lieu of notice or termination pay, provide hours and earnings.  
**1st Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_ 2nd Week: Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

**F** If you answered "YES" to question 9 for, did you work, provide employer's name, hours, and earnings.

Shared Work Employer's Name \_\_\_\_\_

 First Week: **Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

 Second Week: **Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

If not scheduled to work after week(s) claimed, check reason why:

 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;

 9 ☐ LACK OF WORK, HOURS REDUCED;

LAST DAY OF WORK \_\_\_\_\_

Second Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

 First Week: **Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

 Second Week: **Hours \_\_\_\_\_ Earnings \$ \_\_\_\_\_**

If not scheduled to work after week(s) claimed, check reason why:

 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;

 9 ☐ LACK OF WORK, HOURS REDUCED;

LAST DAY OF WORK \_\_\_\_\_

**If you do not provide this information, the Shared Work Unit can not process your claim for benefits.**

– PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM –

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.

**X**

CLAIMANT'S SIGNATURE

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